

**County of San Bernardino
Clerk of the Board of Supervisors**

385 N. Arrowhead Avenue, 2nd Floor, San Bernardino, CA 92415-0130
(909) 387-3841 Fax (909) 387-4554
Internet: www.sbcounty.gov/cob/



**APPLICATION FOR
MESSAGE CLINIC BUSINESS LICENSE**

Name of Applicant:	Last: _____	First: _____	Middle Initial: _____
Physical Address:	_____	City: _____	Zip: _____
Mailing Address:	_____	City: _____	Zip: _____
Contact Phone Number:	() -	Date of Birth: _____	Social Security #: _____ - -
Height: _____	Weight: _____	Hair Color: _____	Eye Color: _____

Name of Clinic Being Licensed: _____	Business Phone No.: () -
Address: _____	City: _____ State: _____ Zip: _____

List Residence Address History for Past Five (5) Years:			
From (Date): _____	To (Date): _____		
Address: _____	City: _____	State: _____	Zip: _____
From (Date): _____	To (Date): _____		
Address: _____	City: _____	State: _____	Zip: _____
From (Date): _____	To (Date): _____		
Address: _____	City: _____	State: _____	Zip: _____
From (Date): _____	To (Date): _____		
Address: _____	City: _____	State: _____	Zip: _____

Have you ever used another name: Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, list other names used including alias, nickname, married or maiden name: _____	

Business/Employment History for Past Three (3) Years:			
Business Name: _____	Address: _____		
City: _____	State: _____	Zip: _____	
From (Date): _____	To (Date): _____		
Business Name: _____	Address: _____		
City: _____	State: _____	Zip: _____	
From (Date): _____	To (Date): _____		
Business Name: _____	Address: _____		
City: _____	State: _____	Zip: _____	
From (Date): _____	To (Date): _____		
Business Name: _____	Address: _____		
City: _____	State: _____	Zip: _____	
From (Date): _____	To (Date): _____		



List Any Massage Clinic and/or Massage Technician Business License History:

Business Name: _____	License No.: _____
Address: _____	City: _____ State: _____ Zip: _____
Business Name: _____	License No.: _____
Address: _____	City: _____ State: _____ Zip: _____
Additional Information: _____	

REVOCATIONS, CRIMINAL CONVICTIONS, SUSPENSIONS OR DENIALS:

(If you answer yes to any question, please attach separate sheet with details.)

1. Have you ever had a massage clinic or massage technician license suspended or revoked?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Have you ever had a massage clinic or massage technician application denied?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Have you been convicted of conduct which is in violation of the provisions of Sections 266(i), 315, 316, 318 or 647 (b) of the California Penal Code?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Have you been convicted of an offense involving conduct which requires registration under Section 290 of the California Penal Code?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Have you been convicted of any felony involving the sale of a controlled substance in violation of Section 11054 – 11058 of the California Health and Safety Code?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. Have you been convicted in another state of an offense, which if committed or attempted in the state of California, would have been punishable as one or more of the offenses enumerated in Section 41.194(a)(8)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. Have you ever been convicted of one or more offenses as described under Government Code Section 51032?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

IS THIS A SOLE PROPRIETORSHIP? Yes ☐ No ☐ If no, please have each of the applicant's principal officers, directors, and stockholders holding more than ten percent (10%) of stock (if a corporation), or partners (if a partnership), complete a separate application form.

IS THIS A CORPORATION? Yes ☐ No ☐ If yes, attach a copy of the Articles of Incorporation.

LIST INFORMATION REGARDING TECHNICIANS EMPLOYED AT THIS CLINIC ON THE FOLLOWING PAGE.

I, the undersigned, hereby declare that I have carefully read the Sections of the San Bernardino County Code relating to this business; that I understand it thoroughly and will carry out every provision thereof; that to the best of my knowledge, I have complied with the zoning, building and safety, health and fire regulations as outlined. I further state that the statements and answers contained in this application are true to the best of my knowledge and belief, knowing that any false statement will be sufficient cause for denial or revocation of said license.

Signature: _____ Date: _____

**Please return completed/signed form to: San Bernardino County Clerk of the Board,
385 N. Arrowhead Avenue, 2nd Floor, San Bernardino, CA 92415-0130.**



TECHNICIAN EMPLOYMENT INFORMATION
List Complete Information For Each Technician Employed At This Clinic

Technician's Name Last:	_____	First:	_____	Middle Initial:	_____
Street Address:	_____	City:	_____	Zip:	_____
Business License No.:	_____	Expiration Date:	_____		

Technician's Name Last:	_____	First:	_____	Middle Initial:	_____
Street Address:	_____	City:	_____	Zip:	_____
Business License No.:	_____	Expiration Date:	_____		

Technician's Name Last:	_____	First:	_____	Middle Initial:	_____
Street Address:	_____	City:	_____	Zip:	_____
Business License No.:	_____	Expiration Date:	_____		

Technician's Name Last:	_____	First:	_____	Middle Initial:	_____
Street Address:	_____	City:	_____	Zip:	_____
Business License No.:	_____	Expiration Date:	_____		

Technician's Name Last:	_____	First:	_____	Middle Initial:	_____
Street Address:	_____	City:	_____	Zip:	_____
Business License No.:	_____	Expiration Date:	_____		

Technician's Name Last:	_____	First:	_____	Middle Initial:	_____
Street Address:	_____	City:	_____	Zip:	_____
Business License No.:	_____	Expiration Date:	_____		

Technician's Name Last:	_____	First:	_____	Middle Initial:	_____
Street Address:	_____	City:	_____	Zip:	_____
Business License No.:	_____	Expiration Date:	_____		

Technician's Name Last:	_____	First:	_____	Middle Initial:	_____
Street Address:	_____	City:	_____	Zip:	_____
Business License No.:	_____	Expiration Date:	_____		

Technician's Name Last:	_____	First:	_____	Middle Initial:	_____
Street Address:	_____	City:	_____	Zip:	_____
Business License No.:	_____	Expiration Date:	_____		

Technician's Name Last:	_____	First:	_____	Middle Initial:	_____
Street Address:	_____	City:	_____	Zip:	_____
Business License No.:	_____	Expiration Date:	_____		



APPLICANT INFORMATION

Name of Applicant: Last: _____	First: _____	Middle Initial: _____
Home Address: _____	City: _____	Zip: _____
Mailing Address: _____	City: _____	Zip: _____
Name of Clinic: _____	Phone #: _____ () - _____	
Address: _____	City: _____	State: _____ Zip: _____
Parcel #: _____	Nearest Cross Street: _____	

COUNTY USE ONLY – INSPECTIONS

Approvals are required from the departments listed below. These departments may require fees in addition to those fees required by the Clerk of the Board of Supervisors.

Building & Safety (909) 387-8311			
Recommendation:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Comments: _____
Signature: _____	Title: _____		Date: _____

County Fire (909) 386-8400			
Recommendation:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Comments: _____
Signature: _____	Title: _____		Date: _____

Environmental Health (909) 884-4056			
Recommendation:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Comments: _____
Signature: _____	Title: _____		Date: _____

Code Enforcement (909) 387-8311			
Recommendation:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Comments: _____
Signature: _____	Title: _____		Date: _____

Clerk of the Board of Supervisors (909) 387-3841			
Initial Application Fee	\$33.00	Date Received: _____	Accepted By: _____ Deputy Clerk of the Board of Supervisors
Initial License Fee	\$66.00	Date Received: _____	Accepted By: _____ Deputy Clerk of the Board of Supervisors
Renewal Fee	\$82.00	Date Received: _____	Accepted By: _____ Deputy Clerk of the Board of Supervisors
<input type="checkbox"/> Photo Taken <input type="checkbox"/> *Fingerprints <input type="checkbox"/> Bill of Sale (if needed) <input type="checkbox"/> Copy of Photo ID (i.e. driver's license)			
Date Sent to Sheriff's Department: _____		New <input type="checkbox"/> **Renewal <input type="checkbox"/>	
*Fingerprints on file must be dated May 2006, or later.			
**Departmental sign-offs are required for renewals.			

Sheriff's Department Use Only:			
Recommendation:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Comments: _____
Signature: _____	Title: _____		Date: _____